

Greenleaf Corporation

Application For Employment

Federal and state laws require that all applications be considered without regard to race, color, religion, creed, sex, national origin, ancestry, age, disability, veterans' status, or status in any group protected by state or local law. We are committed to equal employment opportunity. This application, unless acted upon, is current for six months, at the conclusion of which time, if you have not been contacted by Greenleaf Corporation and still wish to be considered for employment, it will be necessary for you to complete a new application.

P E R S O N A L	(Print) Last Name		First	Middle	Date of Application:	Home Phone : ()	
	Present Address: Street		City	State	Zip Code	Email Address:	Cell Phone: ()
	How Long?		Previous/Permanent Address:			Are you over the age of 18? Yes [] No []	** If Under 18 ** Please attach a copy of your employment certificate
	How Long?		Rate of Pay Desired: \$ Per			Willing To Travel? Yes [] No []	
	Position(s) Applied For:		<i>For Production Personnel Applications Only</i> Check the shift(s) you are willing to work: 1 st [] 2 nd [] 3 rd []			Check one: Full Time [] Part Time [] If part time, specify days/hours available:	
E D U C A T I O N	Highest Level of Education Completed:	Name of School:			Degree earned (ex. Diploma, BA, BS, etc):	Course of Study or College Major:	
		City and State/Country of School:			Year Graduated:		
	** Proof of graduation will be required **						
<i>If applying without a resume</i> List Special Skills or Training (For example: Seminars or classes attended, computer software you are proficient with, machinery you have operated, work relevant skills you have acquired):							
E M P L O Y M E N T R E C O R D	** Please complete the following if <i>not</i> attaching a resume **						
	Is a resume attached? Yes [] No []						
	Name, Address, and Phone Number of Employers	Dates Worked Mo/Yr	Name and Title of Immediate Supervisor		Title of Position & Description of Job Performed	Reason for Leaving	
	Name (Most Recent Employer)	From:					
	Address & Telephone Number	To:					
	Name (Next Previous)	From:					
	Address & Telephone Number	To:					
	Name (Next Previous)	From:					
Address & Telephone Number	To:						
** If you have any additional work experience, please list on the next page **							

G E N E R A L	Have You Ever Been Employed by Greenleaf Corporation? Yes [] No []	If Yes, Where: Reason for Leaving:	From:	To:
	Names of Friends or Relatives Employed by Greenleaf Corporation:			
	List any other special skills, qualifications, certifications, or facts which you have not already identified which you feel are relevant to your ability to perform the position(s) for which you have applied:			
	Have you ever been convicted of a felony within the past ten years which has not been expunged? Yes [] No [] If Yes, be aware that you will not be automatically disqualified from consideration. <i>A complete list with the dates of all convictions should be attached.</i> Are you legally eligible for employment in the United States? Yes [] No [] <i>Proof of eligibility will be required if employed.</i>			
	How did you hear about this job opening? <i>Check all that apply.</i> Friend/family member [] Print Ad [] Online [] Career Fair [] Other (please elaborate) [] _____			
	** Please do not list relatives **			
R E F E R E N C E S	Reference Name:	Phone Number: ()		
	How known:			
	Reference Name:	Phone Number: ()		
	How Known:			
	Reference Name:	Phone Number: ()		
	How Known:			
	Reference Name:	Phone Number: ()		
	How Known:			

APPLICANT'S STATEMENT AND AGREEMENT

(Read the following carefully before signing this Application for Employment)

My signature below indicates that I have read, I understand, and I agree to the following:

- I hereby certify that the information I have provided in this application for employment is true and complete to the best of my knowledge. I understand that if I am hired, the discovery of any false information provided or any relevant information omitted (no matter when discovered) will result in the immediate termination of my employment.
- I hereby authorize Greenleaf Corporation to make a thorough investigation of my entire work history and to verify all data given in my Application for Employment, related papers, or oral interviews. I voluntarily authorize such investigation and I release from liability any person giving or receiving any such information.
- I understand that if an offer of employment is made to me it will be contingent upon my completion of a pre-employment physical examination at company expense to determine my ability to perform the job to the satisfaction of Greenleaf Corporation. I hereby consent to undergo that physical examination which may include any and all tests and procedures determined by Greenleaf Corporation to be helpful in evaluating my suitability for employment, including but not limited to urinalysis, controlled substance and/or alcohol testing. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with Greenleaf Corporation.
- I understand that as a part of Greenleaf Corporation's procedure for processing employment applications, an investigation and/or a report may be made by a consumer reporting agency in the process of which information may be obtained through interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom I have been acquainted. This inquiry may include information as to my character, general reputation, and personal characteristics, whichever may be applicable. I hereby authorize Greenleaf Corporation to have such an investigation and/or report made. I understand that under the Federal Fair Credit Reporting Act, I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure by Greenleaf Corporation of the nature and scope of the investigation requested. If this application for employment is denied either wholly or partly because of information contained in a consumer report from a consumer reporting agency, I understand that Greenleaf Corporation shall so advise me and shall supply me with the name and address of the consumer reporting agency making the report.
- My employment may be terminated by myself or Greenleaf Corporation at any time without Greenleaf's liability for wages or salary except such as may have been earned at the date of such termination.
- Although management makes every effort to accommodate individual preferences, I understand that business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday.
- In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of Greenleaf Corporation including signing Greenleaf's Employee Agreement and authorizing use of my photograph on the company's security access/ID badge, and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either Greenleaf Corporation or me. I further understand that no manager or representative of Greenleaf Corporation other than the President, General Counsel, or Human Resources Manager has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to any Greenleaf Corporation policy. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.

DATE: _____

SIGNATURE: _____

Greenleaf Corporation

<i>Please List <u>All</u> Additional Work Experience</i> <i>(If not attaching a resume)</i>				
Employer Name Address and Phone Number	Dates Worked (Mo/Yr)	Name & Title of Immediate Supervisor	Position Held & Duties Performed	Reason for Leaving
	From:			
	To:			
Employer Name Address and Phone Number	Dates Worked (Mo/Yr)	Name & Title of Immediate Supervisor	Position Held & Duties Performed	Reason for Leaving
	From:			
	To:			
Employer Name Address and Phone Number	Dates Worked (Mo/Yr)	Name & Title of Immediate Supervisor	Position Held & Duties Performed	Reason for Leaving
	From:			
	To:			
Employer Name Address and Phone Number	Dates Worked (Mo/Yr)	Name & Title of Immediate Supervisor	Position Held & Duties Performed	Reason for Leaving
	From:			
	To:			
Employer Name Address and Phone Number	Dates Worked (Mo/Yr)	Name & Title of Immediate Supervisor	Position Held & Duties Performed	Reason for Leaving
	From:			
	To:			

Continue on back, if needed

Greenleaf Corporation

Pre-Employment Investigation Notice

Applicant Name: _____
(Printed)

We appreciate your interest in employment with Greenleaf Corporation. As a part of our normal procedure for processing applications, a routine inquiry into your background may be made during the next few days. This investigative inquiry typically concerns information on an applicant's character, general reputation, personal characteristics and work record, and may include interviews with references or others. Further information on the nature and scope of such an inquiry, if one is made, is available to you upon written request.

Will you please read the following statement and indicate your agreement by signing below.

I authorize all persons, investigative agencies, business organizations, schools, companies, corporations, credit bureaus and law enforcement agencies to supply Greenleaf Corporation and/or its agents, any information concerning my background. I authorize Greenleaf Corporation, its personnel and/or agents to conduct and interpret interview procedures they believe necessary. I unconditionally release the furnishing entity and Greenleaf Corporation, its shareholders, personnel and agents from any and all liability and responsibility, damages and claims of any kind whatsoever arising from this investigation of my background and the interview procedures conducted.

Signature

Date

(Maiden Name or Other Name Used)

Date of report: _____

Agency: _____

Date report destroyed: _____

Greenleaf Corporation
18695 Greenleaf Drive
PO Box 1040
Saegertown, PA 16433

Greenleaf Corporation

Reference Check Form

Applicant:

It is the policy of Greenleaf Corporation to seek references on each applicant before hiring. Please print your full name and social security number below. Thank you.

Social Security Number

Print Full Name

I hereby authorize you to issue any information you may have regarding my services and character and do hereby unconditionally release you/your organization from all liability from any damage whatsoever which might result from furnishing same.

Date

Signature

The person named above has applied for a position as _____ at Greenleaf Corporation. With your help we can better evaluate this applicant and thus, wisely choose the kind of employees who will find fulfillment in their work while providing quality service to the Corporation. *Thank you for your input.*

Dates of employment or years acquainted:	From:	To:
Were services satisfactory:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reason for termination:		
Would you recommend this applicant for employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you re-employ? If no, please explain on back.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

	VERY GOOD	SATISFACTORY	UNSATISFACTORY
Interpersonal Skills			
Punctuality			
Dependability			
Character			
Job Knowledge			
Job Performance			
Compliance with Policies			
Attitude			
Attendance Record			
Cooperation			

Date

Signature of person completing Reference Check Form

Return To: Greenleaf Corporation
Human Resources
18695 Greenleaf Drive
P.O. Box 1040
Saegertown PA 16433

EQUAL EMPLOYMENT OPPORTUNITY DATA FORM

IMPORTANT – To enable us to meet government reporting regulations, and for other purposes consistent with or required by law, Greenleaf Corporation requests that you complete this personal data form. Information will be used for government reporting purposes and will be detached and kept separate from your personnel file. Any information that you choose to provide will not be considered by Greenleaf Corporation for employment purposes and will be treated as personal and confidential. Your voluntary cooperation will be appreciated.

As an employer and business entity, **Greenleaf Corporation** embraces diversity, equal employment opportunity, and strives for a diverse work force as a strategy for employee retention and business success in an increasingly diverse world.

1. GENDER

Female ___ Male ___ I choose not to disclose gender ___

2. RACE/ETHNICITY

- a. Are you **Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)?

Yes ___ No ___ I choose not to disclose race/ethnicity ___

*If you checked "Yes" or "I Choose Not to Disclose," please do not proceed further.
If you checked "No" please proceed to questions "b" and "c."*

- b. Do you identify with **Two or More Races (Not Hispanic or Latino)** as defined below?

Yes ___ No ___

- c. Please select one or more of the following race designations as defined below.

___ **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

___ **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.

___ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

___ **Asian (Not Hispanic or Latino)** - *A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.*

___ **American Indian or Alaska Native (Not Hispanic or Latino)** - *A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.*

3. PROTECTED VETERAN STATUS

The following are definitions of “protected veterans” under the Vietnam Era Veterans’ Readjustment Assistant Act, as amended:

- **Disabled Veteran** - (A) A person who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or (B) A person who was discharged or released from active duty because of a service-connected disability.
- **Active Duty Wartime or Campaign Badge Veteran** - A person who served on active duty in the U.S. military, ground, naval or air service in a war, campaign or expedition in which a campaign badge has been authorized under laws administered by the Department of Defense.
- **Armed Forces Service Medal Veteran** - A person who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
- **Recently Separated Veteran** - A person who was discharged or released from active duty within the last three years.

Based on the definitions above, please check the appropriate box below.

___ I am a protected veteran as I fall into one or more of the categories above.

___ I do not fall into one or more of the categories above.

___ I choose not to disclose.

Name: _____ Date: _____
 First Middle Initial Last

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Job Title: _____

Date of Hire: _____